

PLEASE FAX TIMESHEETS NO LATER THAN
 5PM MONDAY – FAX NO: 051 878827
 OR
 SCAN & EMAIL TIMESHEET TO:
 deborah@hartleypeople.com



Employee Name: _____ Employee PPS No: _____ Monday Start Date __/__/__

Company Name: _____ Department/ Site: _____ Sunday End Date __/__/__

	Start		Finish		Less Lunch		Standard Hours		Overtime		Paid Holiday Leave		Paid Bank Holiday		Time in lieu	
	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Rate	Hrs	Mins	Hrs	Mins	Hrs	Mins
MON																
TUES																
WED																
THU																
FRI																
SAT																
SUN																
					<i>Total Hours</i>											

General Comments: _____
Please include any special instructions such as issue P45

P45 (Tick if required)

Authorised Name: _____ (Please print in Block Capitals)

Authorised Signature: _____
By signing this timesheet I authorise Hartley People to pay the employee 'ALL' hours claimed herein, and bill accordingly

Employee Signature: _____
By signing this timesheet, I declare that all of the information provided herein is accurate and correct